

# **Ethiopia**

Year 1
Quarterly Report
October 2010 - March 2011

April 29th, 2011

### **Quarterly Overview**

Reporting Country	Ethiopia			
Lead Partner	KNCV			
<b>Collaborating Partners</b>	MSH, WHO			
Date Report Sent	26/04/2011			
From	Addisalem Yilma M & E Officer			
То	Ersin Topcuoglu			
Reporting Period	October 2010-March 2011			

Technical Areas	% Completion
1. Universal and Early Access	0%
2. Laboratories	8%
3. Infection Control	18%
4. PMDT	11%
5. TB/HIV	23%
6. Health Systems Strengthening	30%
7. M&E, OR and Surveillance	20%
8. Drug supply and management	11%
Overall work plan completion	15%

#### **Most Significant Achievements**

#### **World TB Day**

On the move against tuberculosis: innovate to accelerate action was the theme of World TB Day (WTBD) for this year. The Ethiopian Federal Ministry of Health commemorated WTBD on March 24<sup>th</sup> in Bora woreda, East Shoa, one of the TB CAP supported Zones in Oromia Region. The Woreda was selected for its high performance in community based TB Care services. The event was a good opportunity to share experience with other zones in the country. For this event TB CARE I staff were actively involved in steering committee and also supported printing of 6000 T- shirts in three local languages of the country (for picture of the event see photo album)

#### **External Quality Assurance**

Supportive supervision has been conducted between March 14 -30/2011 for 170 (99%) TB Diagnostic Facilities and EQA implemented in 169 (99%) Health Facilities. Blind rechecking being done at regional Laboratories and the result of the finding will be communicated with the Health Facilities shortly.

#### SOP to improve TB Case Detection

A one day sensitization workshop was conduct in West Arsi zone, Shashemene town. Objective of the Workshop was to sensitize and familiarize Zonal and Woreda TB/HIV experts, health facility heads, TB focal persons and laboratory heads about the case Detection SOPs. A total of 98 (M= 81 & F=17) health professionals from 30 HF were participated. Before concluding the workshop the following action points were noted: - The TB focal person should ensure that TB case detection materials are available and used in every department/unit of the health facility; HC heads will chair Multi Disciplinary Team & the Woreda TB/HIV experts will supervise the case detection activities and SOP Implementation. Facility level SOP implementation will be conducted in the next quarter.

#### Overall work plan implementation status

The overall achievement for this reporting period is 15 % and will need much work to achieve the left over activities with the remaining quarters.

Technical and administrative challenges	

## **Quarterly Technical Outcome Report**

**Technical Area 1. Universal and Early Access Expected Outcomes** Highlights of the Quarter **Challenges and Next** Outcome **Indicator Definition** Baseline Target Result Steps to Reach the Target **Indicators Y1 Y1** 1.1 Ensured Quarterly report on This activity is 0 2 continuity of implemented by GLRA activities from Arsi Community TB and supportive care activities in supervison will Arsi continue for 2 quarters 1.2 Ensured Number of HEW Number of HEWs 0 120 continuity of trained trained on CTB in TB Community TB CARE I supported care activities in Zones. WHO supported Number of review Number of review 0 2 Zones meetings conduted meetings

Te	chnical Area	2. Laboratories	2. Laboratories					
Exp	ected Outcomes	Outcome	<b>Indicator Definition</b>	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next
		Indicators			Y1	Y1		Steps to Reach the Target
2.1	Strengthened EQA capacity	Number of supportive supervisons conducted	Number of supportive supervisons conducted on quarterly basis in 7 TB CARE supported Zones	N/A	172	170	Supportive supervision conducted for 170 (99%) TB Diagnostic Facilities and slide for blind rechecking collected 160 (93%) Health Facilities.	
		Number of lab professionals trained	Number of lab professionals trained disaggregated by	0	60			
		Number of manuals guidelines and training materials revised	Number of training materials revised based on EHNRI need	0	1			

		Number of regioinal lab staff trained	Number of regional lab staff trained on TB culture and DST disaggregated by gender	0	20		
2.2	.2 Strengthened lab networks	performed	Number of panel test performed at supra national lab	0	1		
		Number of Lab TWG meetings attended	Number of lab TWG meetings attended on a regular basis	0	4	AFB quality assurance like frequency of collection of slides, delivering of feedback and lack of slide boxes were discussed. Finally it was suggested that Regional Laboratories need to be strengthened to handle such issues with support of National Laboratory and partners.	
		Number of EQA performed	Number of EQA performed at 5 regional labs	0	1		

Te	Technical Area 3. Infection Control							
Exp	ected Outcomes	Outcome	<b>Indicator Definition</b>	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next
		Indicators						Steps to Reach the Target
3.1	scale-up of TB IC implementation	bureaus that recieved TA on TB IC	Numerator: regional health bureaus that received TA, Denomenator: total number of regions(11)	0	50%			
3.2	system for incorporation of TB IC issues in		Key information on TB IC incorporated in the national guideline for design	No	Yes		Commuication initiated at FMoH level & the next meeting is schedule on first week of May.	

7	echnical Area	4. PMDT						
E	xpected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4	.1 Treated 100 MDR- TB patients with SLD funded by USAID	Number of MDR-TB	MDR patients treated with SLD by USAID funds	0	100	11	Request submitted to GDF & first payment settled to IDA.	steps to Reach the Parget
4	MDR data	Establishment of electronic database system	A computerized data management system which can generate automatic information	No	Yes		Discussion initiated and underway with FMOH and WHO on possibility of introduction of electronic database for MDR -TB.	
4	routine surveillance system for MDR-	national guideline for establishment of	A guideline for establishment of 'routine sureveillance for MDR' developed by the national technical working group	No	Yes			

Te	chnical Area	5. TB/HIV						
Exp	ected Outcomes	Outcome Indicator Definiti		Baseline Target		Result	Highlights of the Quarter	Challenges and Next
		Indicators			Y1	Y1		Steps to Reach the Target
5.1	Improved coordination of TB/HIV	Number of TB/HIV TWGs attended	Number of TB/HIV TWGs attended on a regular basis	0	3	2		
	Collaborative activities	Number of manuals and training materials revised	Number of TB/HIV manuals and training materials revised based on FMoH need	0	1	1	Participated & techincaly assisted on comprehensive TB/HIV material development. Accordingly TB/HIV manual finalized, facilitator guide drafted and next meeting scheduled: Guidline revision and piolt training issues will be discussed.	
		Number of TB/HIV experts participated in TOT	Number of TB/HIV experts participated in TB/HIV national TOT disaggregated by gender	0	30			

		Number of TB/HIV program managers trained	Number of TB/HIV program managers trained on MOST for TB/HIV diaggregated by gender	0	20			
5.	•	Number of TB exerts participated in TOT	Number of TB exerts participated in the DOTs TOT based on the revised TBL and TB/HIV manual disaggregated by gender	0	30			
		Number of follow up/supervision made	Number of follow up/supervision made to the SOP pilot site	0	2	1	To sensitize and familiarize Zonal and Woreda TB/HIV experts, health facility heads, TB focal persons and laboratory heads about the case Detection SOPs; a one day sensitization workshop was conducted and a total of 98 (M= 81 & F=17) health professionals were participated.	
		Number of regions and towns regimen shift completed	Number of regions and towns implemented regimen shift	3	7		Technicaly supported the regimen shift process in four Regions. Discussion has been made on resource mobilization, implementation plan for the remaining 04 Regions.	
5.	Improved TB screening among HIV positives		Proportion of HIV patients screened for TB	55%	90%			

T	echnical Area	6. Health Syste	<mark>ems Strengtheni</mark> ı					
E	pected Outcomes	Outcome	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next
		Indicators			Y1	Y1		Steps to Reach the Target
6.	1 Improved	Regular meeting of	Number of meetings	1	З			
	Political	the national stop-TB	held by Stop TB					
	commitment for	partnership	partnership					
	TB control							

6.2	community awareness	visual message	Number of TB audio message sessions broadcasted per year	0	24		
		newsletters with TB message printed per	Number of both public and private print media with TB message printed per year	0	12		
			Number of TB events supported per year	0	1	Supported the design, printing and distribution of 6000 T shirts for World TB Day via the FMoH (in 3 local languages)	

**Technical Area 7. M&E, OR and Surveillance Expected Outcomes** Outcome Indicator Definition Baseline Result **Highlights of the Quarter Challenges and Next** Target **Indicators Y1 Y1 Steps to Reach the Target** 7.1 Strengethened Adequate availablity Adequate availablity of Based on the request of MOH,TB unknown 100% Recording & reporting formats were data of registers and Registers: unit TB management for formats register, Laboratory distributed for 07 of the total 11 TB and TB/HIV at register, Formats: regions in the country. sputum request, case national level finding, treatment outcome Completion of 7.2 National TB The data collection for Ongoing Completed Attended mid-term progress review of National TB Prevalence Survey. Prevalence national survey the ongoing survey on survey conducted TB prevalence will be completed 7.3 National List of priority for Review meeting on TB No Yes research conducted by operational research area research agenda prepared TRAC for TB prepared

7.4	Patient's cost	Completion and	Research on patient	No	Yes	The first meeting on patient cost tools
	tool implemented	dissemination of	expenditure for TB			implementation held in all African
		Patient's cost	services			Leprosy TB & rehabilitation research &
		analysis				training center (ALERT) /Armour
						Hanson research institute (AHRI) &
						FMOH with technical support of KNCV
						HQ; Proposal has been developed by
						the research team & commented by
						Local & HQ staff of KNCV.

Technical Area 8. Drug supply and managemen **Expected Outcomes Indicator Definition** Outcome Baseline Target Result **Highlights of the Quarter Challenges and Next** Steps to Reach the Target **Indicators Y1 Y1** 8.1 Improved IPLS Number of health 61 300 This includes the facilities number of health implementing IPLS centers and hospitals that implement IPLS 8.2 Supported EH/RH regimen shift EH/RH shift 3 7 implementation implemeted as per implemented atleast in of new TB the national plan Urban and selected regimens agrarian regions of the counry 8.3 Improved skills Availablity of Quartley supply biannual 2 on quantification quarterly supply planning prepared in and supply planning at national line with the national planning level quantification and forecast for anti-TB drugs

## **Quarterly Activity Plan Report**

Outcomes	1. U	niversal and Early ess	Lead		Cumulative	Planned Month Year		Cumulative Progress and Deliverables up-to- date
1.1 Ensured continuity of Community TB		Supportive supervison from Central to Zonal level	Partner KNCV	<b>Budget</b> 34.140	Completion 0%	Sep	2011	
care activities in Arsi	1.1.2	Supportive supervison from Zonal to district level	KNCV	10.788	0%	Sep	2011	
1.2 Ensured continuity of	1.2.1	Training for HEW	WHO	13.499	0%	Jul	2011	
Community TB care activities in WHO	1.2.2	Supportive supervision	WHO	50.565			2011	
supported Zones	1.2.3	Review meeting	WHO	46.111	0%	Sep	2011	
•		-			0%			

	2. Laboratories				Pla	nned	Cumulative Progress and Deliverables up-to-	
Outcomes			Lead	Approved	Cumulative	Month	Year	date
			Partner	Budget	Completion			
2.1 Strengthened EQA capacity	2.1.1	Quarterly supportive supervision	MSH	15.120	50%	Sep	2011	Supportive supervision conducted for 170 (99%) TB Diagnostic Facilities and slide for blind rechecking collected 169 (99.4%) Health Facilities.
	2.1.2	National level capacity building - TOT on TB culture and DST	MSH	24.393	0%	Aug	2011	
	2.1.3	Preparation/reviosn of training modules in line with new develoment at international level	MSH		<b>0</b> %	Aug	2011	
	2.1.4	Gap filling trainings at regional level	MSH	10.750	<b>0</b> %	,	2011	
	2.1.5	Sharing and learning about new best practices in labs area at the international arena.	MSH		<b>0</b> %	Sep	2011	

2.2 Strengthened lab networks	2.2.1	lab networking strengthened at supra-national level by supporting preparation and transportation of panel cultures	MSH	1.500		0%	Sep	2011	
	2.2.2	lab networking strengthened at national level by supporting the capacity of regional labs on EQA for culture & DST.	MSH	6.045		0%	Sep		Waiting for functionality of 05 Regional laboratories
		Participation, representation and advocacy for stronger system through national TWG	MSH		2	.5%	Sep		AFB quality assurance like frequency of collection of slides, delivering of feedback and lack of slide boxes were discussed. Finally it was suggested that Regional Laboratories need to be strengthened to handle such issues with close support of National Laboratory and partners.
2.3 Introduced new lab equipment to support and strengthen quality of testing	2.3.1	Create a plan to test genes machine usability for TB screening & detection in Ethiopia at EHRNI	MSH			0%	Sep		The importance & use of GenExpert machine was discussed in National TB /HIV technical working group meeting and agreed to further discussion with MDR TB TWG.
					3 8	3%			

	3. Infection Control					Pi	anned	<b>Cumulative Progress and Deliverables up-to-</b>
Outcomes			Lead	Approved	Cumulativ	e Monti	Year	date
			Partner	Budget	Completio	n		
3.1	3.1.1	Conduct TOT for Regional	KNCV	8.960	<b>0</b> %	May	2011	SOW prepared and started liaising with relevant
Strengethened		managers on TB IC						actors
scale-up of TB	3.1.2	Prepare provider support tools on	KNCV	3.720	<b>0</b> %	Aug	2011	
IC		TB IC						
implementation	3.1.3	Strengthen ACSM on TB IC	KNCV	3.940	<b>0</b> %	Jul	2011	
	3.1.4	Print hankerchiefs/IEC	KNCV	3.460	<b>0</b> %	Jul	2011	
	3.1.5	Provide TB IC TA to Regions	KNCV	5.625	<b>0</b> %	Sep	2011	
	3.1.6	Participate in International	KNCV	6.100	100%	May	2011	Particpated in 18th African TB Conference in
		conference						Abuja. The event was very useful to learn from
								others and TB CARE is planning to present
								Ethiopian experince during next international
								conferences.

	3.1.7	Conduct analysis on TB IC status and disseminate findings	KNCV	140	75%	Mar	2011	The preliminary report of the assessment revealed that most HFs have adequate natural ventilation, good health worker-client sitting arrangement and functional incinerator in most HFs. It is also pointed out that still there is a need to reactivate IC committee at facility level, improve water supply of TB rooms, and further strengthen screening, triage and related activities to curb potentially ongoing TB transmission in health facilities. The findings of this assessment suggests in-depth studies in this area.
	3.1.8	Support overseas training on TB IC	KNCV	8.100	0%	Jun	2011	
	3.1.9	Provide regional TA to TB IC	KNCV	22.092		May	2011	International Expert will come in May and afterwards.
3.2 Strengethened system for	3.2.1	Support implementation of national guideline on Health Facilty Design in context of TB IC	KNCV	2.820	0%	Jul	2011	Commuication initiated at FMoH level
	3.2.2	Conduct TOT for 20 architects	KNCV	5.980	0%	Jul	2011	
				0	18%			

	4. PMDT						•	Cumulative Progress and Deliverables up-to-
Outcomes					Cumulative	Month	Year	date
			Partner	Budget	Completion			
4.1 Treated	4.1.1	Procurement of SLD for 100 MDR-	KNCV	269.254	25%	Sep		Request submitted to GDF & first payement
100 MDR-TB		TB patients						settled to IDA.
patients with	4.1.2	Support MDR Technical WG	KNCV	7.950	25%	Sep	2011	Technically supported the MDR TB TWG &
SLD funded by								initated discussion on GenExpert Machine
USAID	4.1.3	Conduct training of HCW on	KNCV	19.810	<b>0</b> %	Aug	<b>2</b> 011	June & August in two rounds
		PMDT						
	4.1.4	Oversees training on PMDT	KNCV	8.100	0%	Jun	<b>2</b> 011	
	4.1.5	Orientation to support staff on	KNCV	11.160	<b>0</b> %	Jul	<b>2</b> 011	
		PMDT						
	4.1.6	Prepare provider tools for clinical	KNCV	4.160	<b>0</b> %	Jun	2011	
		management						
	4.1.7	Provide local TA to MDR-TB	KNCV	4.560	25%	Sep	2011	
		treatment sites						
	4.1.8	Provide international TA to PMDT	KNCV	13.037	<b>0</b> %	Aug	<b>2</b> 011	

	4.1.9	Participate in international TB conference	KNCV	6.100	100%	Mar	2011	See 3.1.6 above
	4.1.1 0	Provide regional TA on PMDT	KNCV	27.521	0%	Jun	2011	
	4.1.1	Support to update guideline on PMDT	KNCV	4.800	0%	Sep	2011	Discussion underway with TWG
4.2 Strengethened MDR data		Introduce electronic database system	KNCV	3.330	0%		2011	Discussion initiated and underway with FMOH and WHO on possibility of introduction of electronic database for MDR-TB.
management		Procure computers and accessories	KNCV	8.000	0%	Sep	2011	
		Conduct analysis on data on PMDT and disseminate it	KNCV	179	0%	Sep	2011	
4.3 Established routine surveillance	4.3.1	Strengthen DST in 5 Regional Laboratories	KNCV	1.660	0%	Jun	2011	
		Develop guidelines for introduction of GeneExpert	KNCV	600	0%	Sep	2011	Discussion underway with national TWG
		1	<u> </u>		11%		1	•

	5. TB/HIV						Pla	nned	Cumulative Progress and Deliverables up-to-
Outcomes	J. 12, 11.		Lead	Approved	Cur	mulative	Month	Year	date
			Partner	Budget	Cor	npletion			
5.1 Improved coordination of TB/HIV Collaborative activities	natio	dinate and participate in the nal TB/HIV Technical ng group meetings	MSH			50%	Sep		During the meetings Small working group were formed to finalize comprhensive TBL & TB/HIV national training material, particpate in steering committee of WTD commemoration,& EH- RH shift activities. TB CARE I staff actively particpated in all small group meeting and also financially supported the WTBD Event by printing 6000 T- Shirts in three local language.
	printi TB/HI	ort revision, adaptation and ng of the national TB and IV training materials and line for national level	MSH	2.000		75%	·		Participated & techincaly assisted on comprehensive TB/HIV material development. Accordingly TB/HIV manual finalized, facilitator guide drafted and next meeting scheduled: Guidline revision and piolt training issues will be discussed.
	(TOTs	nize Training of trainers s) on TBL and TB/HIV co- igement for Federal and anal TB/HIV experts	MSH	17.800		0%	Jun	2011	

	5.1.4	Organize MOST for TB/HIV workshop for federal and regional TB/HIV program managers	MSH	43.758	0%	Sep	2011	
		Document succeses on TBL and TB/HIV and share the results in the international arena	MSH	5.458	0%		2011	
5.2 Improved CDR at national level		Support TOT based the revised treatment regimen for 30 national and regional TB experts	MSH		0%		2011	
	5.2.2	Follow-up on TB case detection improvement SOPs pilot program	MSH	34.518	25%	May	2011	To sensitize and familiarize Zonal and Woreda TB/HIV experts, health facility heads, TB focal persons and laboratory heads about the case Detection SOPs; a one day sensitization workshop was conducted and a total of 98(M=81 & F=17) health professionals were participated.
	5.2.3	Support the national EH-RH regimen shift initiative	MSH		50%	Sep	2011	Discussion has been made on resource mobilization, implementation plan for the remaining 04 Regions. TB CARE I will conduct assessment on implementation of EH -RH regemen shift which was started before eight months in three urban Regions.(lessson learnt, & challanges
5.3 Improved TB screening among HIV positives	5.3.1	Support HMIS activities to capture TB/HIV information from the HIV services delivery points side, as well as tools and job aids from international TB CAP products is discussed how it could be and used	MSH	0	25%	May	2011	More than 10 TB, TB/HIV, & MDR TB indicators were proposed through TB/HIV TWG to be included in HMIS and submitted to higer offical of MOH for final approval.
	5.3.2	Ensure TB/HIV SOPs to improve TB/HIV collaborative activities are discussed at TB/HIV TWG	MSH		0%	Jun	2011	
	5.3.3	Promote the use of TB screening tool in different fora	MSH		25%	May	2011	The importance of using TB Screening tool raised during TWG meetings, SOP sensitization workshop and development of training material and will continued during Suportive Supervisions & trainings.

**23%** 

Outcomes		ealth Systems ngthening	Lead Partner	Approved Budget	Cumulative Completion	Month		Cumulative Progress and Deliverables up-to- date
6.1 Improved Political commitment for		Support MOH in capacity building of TB program managers/experts	MSH	20.448	<b>0</b> %	Sep	2011	
TB control	6.1.2	Support STOP TB partnership meetngs	MSH	1.275	0%	Sep	2011	
6.2 Improved community awareness	6.2.1	Support the media forum to air TB messages via Radio, TV and also Print media	MSH	18.182	50%	Sep	2011	Organized a one day review meeting for TB media forum members and a total of 48 (M=39 & F= 9) TB Media Forum Members were participated. Updates on Basics, MDR and TB IC including Regimen Shift were addressed. Following, Members reviewed reports of outgoing executive committee members and democratically elected new executive committee.
	6.2.2	Support TB events including world TB Day	MSH	5.000	100%	Mar	2011	Supported the design, printing and distribution of 6000 T shirts for WTD in three local languages.
	6.2.3	Plan and discuss possibility to coordinate National TB conference	MSH		0%	Jul	2011	
					<b>30</b> %			

	7. M&E, OR and			Completion		nned	Cumulative Progress and Deliverables up-to-
Outcomes	Surveillance	Lead Partner	Approved Budget	Cumulative Completion	Month		date
7.1 Strengethened data management for TB and TB/HIV at	<b>7.1.1</b> Support MOH to review and update the registers and formats	KNCV		100%	Feb		More than 10 TB, TB/HIV, & MDR TB indicators proposed through TB/HIV TWG to be included in HMIS and submitted to higer offical of MOH for final approval. We have a plan to support printing of the revised recording and reporting formats.
national level	<b>7.1.2</b> Print adequate copies of registers and formats	KNCV	8.000	0%	Jul	2011	

7.2 National TB Prevalence survey		Recruitment of experts for central team	KNCV	42.300	0%	Jul	2011	Three experts recurited for one year period, their salary being paid since July 2011 & will continuing for the remaining months.
conducted	7.2.2	Provide technical support	KNCV	4.500	0%	Jun	2011	Technically assisted & attended mid-term progress review meeting of the survey.
7.3 National operational research agenda for TB prepared		Support annual review meeting on TB research	KNCV	12.100	0%	Jul	2011	
7.4 Patient's cost tool implemented	7.4.1	Provide TA to implement Patient's cost tool	KNCV	15.148	25%	Feb	2011	The first meeting on patient cost tools implementation held in all African Leprosy TB & rehabilitation research & training center (ALERT) /Armour Hanson research institute (AHRI) & FMOH with technical support of KNCV HQ; Proposal has been developed by the research team & commented by Local & HQ staff of KNCV.
	7.4.2	Implementation of patient's cost tool	KNCV	13.810	0%	May	2011	
	7.4.3	Dissemination of findings	KNCV	800	0%	Sep	2011	
					20%			

		8. Drug supply and management					nned pletion	
		management		Approved Budget	Cumulative Completion	Month		Cumulative Progress and Deliverables up-to- date
8.1 Improved IPLS		Conduct national sensitization workshop on IPLS to ensure that IPLS trainings are implemented in TBCAP zones.	MSH	2.000	<b>0</b> %	May	2011	
		Printing of SOP and training manual for TB DSM and distribution as needed	MSH	2.500	100%	Apr	2011	2000 Copies of TB Drug Supply Manangment SOP printed
	8.1.3	TOT on TB DSM	MSH	12.230	<b>0</b> %		<b>2</b> 011	
	8.1.4	TOT on TB DSM SOP	MSH	8.750	<b>0</b> %	Jul	2011	
8.2 Supported implementation of new TB regimens		Organize a national sensitization and orientation workshop for selected pharmacy professionals to assis the implementaion on the EH/RH regiment shift	MSH	2.300	0%	Jun	2011	

	Follow-up with other Implementing partners to make sure these trainings are cascaded at the regional level	MSH		0%	Sep	2011	
	organize a national sensitization workshop on introduction of patient kits in Ethiopia with FMOH/PFSA and other stakeholders	MSH	2.560	0%	Sep	2011	
8.3 Improved skills on quantification and supply	build capacity of FPSA in drug quanitfication and forecasting areas by providing international training opportunity	MSH		0%	·	2011	
planning	Support national workshop on forecasting and quantification of anti-TB drugs	MSH	3.180	0%	Sep	2011	

**11%** 

## **Quarterly Activity Plan Modifications**

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			1. Universal and Early Access	Lead	Remaining	New	Replace with the following	Lead	Proposed	
Mission	PMU	USAID	Code	<b>Activities from the Work Plan</b>	Partner	Budget	Code	activity (if any)	Partner	Budget*
				{Copy from the work plan}						

<sup>\*</sup> Detailed budget is attached

Request for Postponement of Activities to Next Year										
Approved By (write dates)			Old	1. Universal and Early Access	Lead	Remaining				
Mission	Mission PMU USAID		Code	Activities from the Work Plan	Partner	Budget				
				{Copy from the work plan}						

Request for Adding New Activities to the Current Work Plan										
Approve	d By (writ	te dates)	New	1. Universal and Early Access	Lead	Proposed				
Mission	Mission PMU USAID			Proposed New Activities	Partner	Budget*				

<sup>\*</sup> Detailed budget is attached

# **Quarterly Photos (as well as tables, charts and other relevant materials)**





Pictures of World TB day -March 24/2011



6000 t -Shirts printed and distributed for the eveny